

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034910

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

4907

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **KANSAS CITY**

Length of stay in 1b  
**LIFE**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **D.O.A. GENERAL HOSPITAL**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**10812 EAST 43RD STREET**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print) **GEORGE W. MUEHLEBACH**

## 4. DATE OF DEATH

Month

Day

Year

**SEPTEMBER 24 1962**

## 5. SEX

**MALE**

## 6. COLOR OR RACE

**WHITE**

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**2-22-1897 65 YEARS**

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**TRUCK GARDENING**

## 10b. KIND OF BUSINESS OR INDUSTRY

**SELF EMPLOYED**

## 11. BIRTHPLACE (City and state or country)

**KANSAS CITY, MO.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**XAVIER MUEHLEBACH**

## 13b. MOTHER'S MAIDEN NAME

**MARY MANDEL**

## 14. NAME OF HUSBAND OR WIFE

**MARY MUEHLEBACH**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

**MARY MUEHLEBACH 10812 E. 43RD ST. KC. MO.**

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**Coronary Occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**Hugh H. Owens**

## (Degree or title)

**Queen's Corner**

## 22b. ADDRESS

**152 Union Station**

## 22c. DATE SIGNED

**9-25-62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

## 23b. DATE

**9-27-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**BROOKING CEMETERY**

## 23d. LOCATION (City, town, or county)

**RAYTOWN MISSOURI**

## 24. FUNERAL DIRECTOR

**MUEHLEBACH**

## ADDRESS

**6800 TROOST**

## 25. DATE RECD. BY LOCAL REG.

**9-25-62**

## 26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Hugh H. Owens

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. D. Nelson*

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.